

MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523107

FILING DATE

APPLICANT(S)

235 3176

CLAIMS

3176

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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43	1	1	1	1	1	1
44	1	1	1	1	1	1
45	2	2	2	2	2	2
46	3	3	3	3	3	3
47	3	3	3	3	3	3
48	2	2	2	2	2	2
49	2	2	2	2	2	2
50	6	6	6	6	6	6
TOTAL IND.	2	2	2	2	2	2
TOTAL DEP.	16	16	10	10	27	27
TOTAL CLAIMS	18	18	12	12	36	36

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						